

# SAN LEANDRO POLICE DEPT

901 E. 14<sup>th</sup> Street, San Leandro, CA 94577

Attn: Gayle Armas (510) 577.3260

## Emergency Information Form

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

Resident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Telephone: \_\_\_\_\_